

1. CIR./DIST./DIV. CODE CAU		2. PERSON REPRESENTED FELIX, SCOTT EMERSON		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CV-01-03138-WHA		5. APPEALS DKT./DEF. NUMBER 10-16984	
7. IN CASE/MATTER OF (Case Name) SCOTT EMERSON FELIX V. MICHAEL HENNESSEY		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 28:2254					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS MICHAEL CLOUGH 6114 LASALLE AVE., #833 OAKLAND, CA 94611 Telephone Number 650-274-7764					
FILED <i>SEP 11 2012</i>					
13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Mazur, Janice Ryan Date of Appointment: _____					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide if different from attorney's address) LAW OFFICES OF MICHAEL CLOUGH 6114 LASALLE AVE., #833 OAKLAND CA 94611					
<i>RICHARD W. WIEHL CLERK U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA</i>					
15. Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears on line 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)					
<i>9/3/12</i> Hon. Judge App Signature Of Presiding Judicial Officer or By Order Of The Court <i>8/29/2012</i> Date Of Order Repayment of partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>9/3/12</i> Nunc Pro Tunc Date					
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY					
CATEGORIES (attached itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In Court	a. Arraignment And/or Plea				
	b. Bail And Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify On Additional Sheets)				
RATE PER HOUR (\$.)		TOTALS:			
16. Out Of Court	a. Interview and conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
RATE PER HOUR (\$.)		TOTALS:			
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS CLAIMED AND ADJUSTED					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
FROM: _____ TO: _____					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment					
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.					
I swear or affirm the truth or correctness of the above statements.					
Signature Of Attorney _____			Date _____		
APPROVED FOR PAYMENT COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34A. JUDGE CODE